



Please complete the information below:

Name:	Phone:
Company:	Fax:
Address:	Email:
City, State, Zip Code:	Education ID:

To earn the CAPS designation you are required to:

- % Complete the three required courses:
 - o Marketing and Communicating with the Aging in Place Client (CAPS I)
 - o Design Concepts D Q G O H W K P A B C Homes and Aging in Place (CAPS II)
 - o Details and Solutions for Livable Homes and Aging in Place (CAPS III)

You are required to submit the following documentation with this application:

- % Submit a signed copy of the Code of Ethics Pledge

Remodelers/Contractors are required to submit the following documentation with this application:

- % Proof of liability insurance and workers compensation insurance for yourself or be an employee of a company that holds both (Where required by local jurisdiction)
- % Valid business license (if state required)

Candidate Business Classification:

% Remodeler/Contractor % Architect % Designer % Occupational Therapist % Consultant % Other

Graduation Fee:

- % \$1 NAHB Member
- % \$2 Non-NAHB Member

Method of Payment:

- % Check enclosed in the amount of _____ made payable to NAHB.
- % Charge my credit card in the amount of _____ to my % Visa % MasterCard % American Express

Card Number: _____ Expiration Date: _____

Signature: _____ .1 (____)-5.1ouTcuchdatio _____ .1 (____)-_____ yable to